

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90058 001 ***450.00

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1. Entity Name
DELRAY CONSIGNMENT INC



Principal Place of Business
**1340 N FEDERAL HIGHWAY
DELRAY BEACH, FL 33483**

Mailing Address
**1340 N FEDERAL HIGHWAY
DELRAY BEACH, FL 33483**



01172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0628229

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ANTON, RECHNER
12 N SWINTON CIRCLE
DELRAY BEACH, FL 33444**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ANTON, RECHNER III
STREET ADDRESS	12 N SWINTON CIRCLE
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	VP
NAME	ANTON, RECHNER
STREET ADDRESS	12 N SWINTON CIRCLE
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	SECT
NAME	PHYLLIS, ALEXANDER
STREET ADDRESS	12 N SWINTON CIRCLE
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anton Rechner

1/29/07 561-274-8000

Date

Daytime Phone #